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SERIAL NUMBER:	09 / 555459	RECEIPT DATE:	05 / 31 / 00
IA NUMBER:	PCT/ EP98 / 08128	IA FILING DATE:	12 / 08 / 98
FAMILY NAME:	FREDERICK	DELAY WAIVED (Y/N):	N
GIVEN NAME:	MERVYN JOSEPH	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 12 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	0/97322US	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
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APPLICATION TITLES:  
PACKAGE FOR A VAGINAL RING

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Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/555,459	<b>FILING DATE</b> 05/31/2000 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 0/97322US
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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 07/06/2000**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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**TITLE**  
 PACKAGE FOR A VAGINAL RING

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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